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CONFIRMATION NO. 9740

<b>SERIAL NUMBER</b> 10/520,724	<b>FILING OR 371(c) DATE</b> 04/15/2005 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> P/1094-159
<b>APPLICANTS</b> Claes Wallen, Sjomarken, SWEDEN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/SE03/01195 07/08/2003				
<b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA 60394289 07/09/2002 SWEDEN 02021756 07/09/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 10
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 2352				
<b>TITLE</b> Device for injecting medical substances				
<b>FILING FEE RECEIVED</b> 1130	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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